**Parent Carer Views for Annual Review of EHCP**

We would like you to complete this form to tell us how you feel your son/daughter has been getting on. The EHCP Annual Review is a meeting of those involved with your child to discuss the progress they have made towards their Outcomes and to ensure the provision in the EHCP is right to help them continue to make progress. It should highlight what is working well or if there are any areas that need more support or require changing.

*If you are receiving support from a professional to complete this document, please ask them to capture your exact words, and not paraphrase.*

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| **Child / Young Person’s Details** | | | |
| Forename/s |  | Surname |  |
| Preferred name |  | Date of Birth |  |
| Gender |  | Preferred Language |  |
| Ethnicity |  | Religion |  |
| Home Address |  | Current School / Setting |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent Carer Details** | | | | | | | |
| **Name** |  | | | | | | |
| Relationship to Child |  | | | Has parental responsibility? | |  | |
| Home Address |  | | | Telephone | |  | |
| Email |  | | | Preferred Language | |  | |
| Preferred method of communication (you can tick more than one) | Email  Telephone | | | | | | |
| **Name** |  | | | | | | |
| Relationship to Child |  | | | Has parental responsibility? | |  | |
| Home Address |  | | | Telephone | |  | |
| Email |  | | | Preferred Language | |  | |
| Preferred method of communication (you can tick more than one) | Email  Telephone | | | | | | |
| **Child in Care (if applicable)** | | | | | | |
| Is your child looked after / a child in care? | | YES | NO | | If NO, please proceed to the next section.  If YES, please complete the questions below | |
|  |  | |
| To which Local Authority | |  | | | | |
| Social Worker name | |  | | | | |
| Social Worker contact telephone number | |  | | | | |
| Social Worker email address | |  | | | | |

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| **Section A: Your Views** |
| Look at Section A in your child’s EHCP. Do you have any different views now? Think about the following:   * What educational progress have you seen? * What has been working well? * What has not been working well and needs support to change? * Have there been any significant changes in your child’s SEN needs? * What information or action do you feel is needed to prepare your child for the next phase of their education or for leaving education? (if applicable) * Has there been any change in their health or care needs since the EHCP was issued or last reviewed?   No  Move to the next section.  Yes  Please write them below |
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| **Section A: Aspirations** | |
| What would you like to see your child achieve in the short-term (next 12 months)? |  |
| What would you like to see your child achieve as they move towards adulthood?  This may include what you’d like them to do or be in the future including learning and employment, independent living, friendships and community, and keeping safe and healthy. |  |

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| **Is there anything else you wish to tell us?** |
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| **Are there any new professionals involved in supporting your child since the last Annual Review?** | | | | |
| **Name** | **Role** | **Service** | **Date Last Seen** | **Contact Details** |
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| --- | --- |
| **Completed by** | |
| Signed |  |
| Full Name (please print) |  |
| Date |  |
| Relationship to child | Parent, Carer, Social Worker, Other (please state): |
| Thanks for completing your views. Please return it to:   * your child’s school / setting, or * via email to [SENAR@birmingham.gov.uk](mailto:SENAR@birmingham.gov.uk), or, * via post to SEN Assessment & Review, PO Box 16289, Birmingham B2 2XN   *The data and contact details you can provide above may be used by Birmingham Local Authority representatives to contact you in relation to any / all aspects of the Education, Health and Care Plan for the pupil named on page 1.* | |